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ABSTRACT

This report from the Illinois Caucus on Teenage Pregnancy concerns the plight of an estimated 7,000 homeless teenagers in the state who are either pregnant or are teenage mothers. The scope of the homeless youth problem in Illinois is defined in the introduction. A section on dimensions of need focuses on the "feminization of homelessness," classifies subgroups of homeless pregnant youth and young parents, describes current beds and programs for these adolescents in Chicago, and examines the roles performed by shelters. A section on a city-wide service system lists three core principles vital to a city-wide plan for shelter care for pregnant teenagers and young parents and advocates a continuum of shelter components which would include outreach intake/emergency facilities, stable group homes and transitional shelters in communities, supervised independent living, and assistance with referrals to affordable housing units. The final section on barriers and recommendations discusses specific barriers which should be lowered to improve the short-term provision of shelter/housing for pregnant teenagers and young parents. Barriers are discussed in the areas of: (1) the legal status of youth in Illinois; (2) regulations affecting availability of and access to services; (3) legislation; (4) interagency coordination; (5) resources; (6) public education; and (7) research issues. Specific recommendations are listed for each barrier category. (NB)

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HOMELESS IN CHICACO:

THE SPECIAL CASE OF

PREGNANT TEENAGERS AND YOUNG PARENTS

CG 020135

A report from the Shelter Committee of the Illinois Caucus on Teenage Pregnancy

November 1986

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HOMELESS IN CHICAGO: THE SPECIAL CASE OF PREGNANT TEENAGERS AND YOUNG PARENTS

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The ILLINOIS CAUCUS ON TEENAGE PREGNANCY is a statewide not-for-profit membership organization established to provide public education, advocacy and technical assistance on issues related to teenage pregnancy. It has seven chapters across Illinois. The Shelter project is a product of a volunteer committee of the Chicago area chapter, and was developed with funding from the City of Chicago Department of Human Services. For more information call Ellen Kogstad-Thompson (312) 252-3253 Shelter Committee Chairperson or Jenny Knauss, Executive Director (312) 261-0023.

This report was written by Jenny Knauss and Krista Nelson from committee discussions and interviews. Core members of the Shelter Committee: Ellen Kogstad-Thompson, Lisa Rost, Charlena Golden, Mary Malloy, Ceal Bacom, and Annetta Wilson.

I. INTRODUCTION

The Illinois Department of Children and Family Services (DCFS) has defined homeless youth as those "not in a permanent living situation and who lack housing and skills to legitimately support themselves". HB 3477, the recent state legislation which mandates youth planning boards across the state to develop plans for serving homeless youth, defines the population as "persons found within the State who are under the age of 21, are not in a safe and stable living situation and cannot be reunited with their families". The emphasis on the need for permanency or stability of housing is significant. Estimates of the number of youth in need of shelter cannot be made by a count of those who are obviously homeless and on the street. Pregnant teenagers who move between the overcrowded apartments of family members and acquaintances are essentially homeless, with all the risks which homelessness entails. They are subject to the hazards of inadequate medical care, hunger and insecurity, lack of educational opportunity, all compounded by immaturity and absence of independent living skills. The number of pregnant and parenting teens who are homeless is difficult to determine. Pregnant teens, as a group, are reluctant to seek care. Those who are homeless ones may be even less likely to come into contact with care-givers. Pregnancy is unlikely to be their major problem. Their lifestyles, whether working the streets or drifting between temporary sleeping arrangements, do not often include visits to social or youth service providers. Thus the numbers identified by agency contacts must be seen as "the tip of the iceberg". An estimate of the size of the whole population must be extrapolated from the numbers of those who do seek help.

In September 1985 the Governor's Task Force on Homeless Youth issued a report which indicated the scale of the problem: as many as 21,535 youth homeless in the state of Illinois. Only 20% (4335) of these had sought help from youth serving agencies of whom 544 had been denied it because resources were lacking. Among that total of 21,533 the Report estimated "7900 have been rejected by their parents; 9000 are sexually exploited while on the streets; and over 7000 become pregnant or are teen mothers".[1]

Where are these 7000 young people aged 20 or under, 3,900 of whom the Report estimated as being under 18, and the rest 18-20? Using the Report's estimates for the number of all homeless youth in Chicago and Downstate and applying them to this population, one may conclude that about 4000 are in Chicago. Just over one-half are likely to be under 18, with the attendant problems of legal status.

These young people share the general problems of homeless youth, compounded by the other reality of their impending or existing family status. Like other minors, the under 18s often exist in a no-man's land of confusion about the implications of their legal situation.

Although the policies of the Department of Children and Family Services accept responsibility for homeless youth up to the age of 21, in practice even 16 to 18 year olds are a low priority for the agency and may receive no support from either DCFS or the Illinois Department of Public Aid. Given the overwhelming need for independent living skills for many of these young people, particularly those who are, or are about to become, parents. The expansion of independent living programs across the state seems a more appropriate goal for DCFS than an attempt to increase the numbers who become wards of the state.

Private shelter providers, even in an emergancy situation, are concerned about their liabilities if they take in minors. Pressured by the acute shortage of shelter options, they may do so but without acknowledging the fact. Thus an unlicensed, unregulated situation exists which particularly hurts pregnant teenagers and young parents who desperately need rapid access to services which cannot be insured because regulation and standard setting is impossible. Although recent legislation (HB 3477) has clearly broadened DCFS' service responsibility to non-wards and 18-20 year olds, appropriate shelter is scarce. Despite increasing evidence that many minors have been sexually, physically or emotionally abused in their homes (the Governor's Task Force estimated that nearly 7,900 are rejected by their parents), the goal of family reunification for minors remains a popular assumption. On the federal level this appears to be gaining ground with the revival of the proposal that neither AFDC benefits nor subsidized housing be available for unmarried teenage mothers who do not live with their parents. This recent recommendation from the White House Task Force on strengthening American families is expected to be a part of the Administration legislative program for 1987.

18 to 20 year olds have legal access to shelter but in practice find beds no easier to come by than the younger group. Five demonstration programs for independent living were recently established by DCFS but they lead a fragile existence as a low priority for state funding, even though they were envisaged as fore-funners of a statewide system following the Governor's Task Force report that "the 18 to 20 year old population has access to minimal services."[2]

For pregnant teenagers and young parents the problems of being homeless exist alongside the problems of being "parents too soon," each exacerbating the other. Most of those who are pregnant are at high risk for infant mortality and morbidity. New York City figures issued by the Coalition for the Homeless illustrate the effect of unstable or inadequate housing: 17 babies died per 1000 live births to mothers living in public housing in 1985, but the figure for mothers in 4100 families living in welfare hotels was 25 per 1000.[3] In Chicago it is likely that the high postneonatality rate is associated with inadequate low income housing.

The precise number of young pregnant women with no stable housing is unknown but the highest rates of infant mortality and teen pregnancy are found in areas of the state where service providers have expressed severe need for shelter for this group. As well as Chicago, where births to teenagers represented 18.5% of all births in 1985, St. Clair County (including East St. Louis) had 18.9% and the "Southern Seven" tier of counties included 1985 rates of 28.6%, 25.8% and 24%. In a recent telephone survey by the Youth Committee of the Illinois Coalition for the Homeless a provider from East St. Louis stated "that the number one need in the area is for independent living programs for pregnant and parenting teens. They are the most ignored population with the most overwhelming need." And from the Southern part of the state a DCFS official: "There are no funded programs for homeless youth in this area. Girls are being kicked out of home when parents discover they are pregnant. There are 1-3 girls in each small town in this area who need some sort of shelter. Fourteen to seventeen girls per day in a Carbondale agency need shelter." Similar reports have been made from Rockford and Bloomington.

The short term needs of these young people must be immediately met. As well as housing, they need services. Those who are pregnant need counseling, help with decision-making about tne pregnancy, prenatal care and nutrition supplements. Access to such services is not enough: given the reluctance of teens to acknowledge pregnancy or seek care, intensive individualized persuasion to make use of them is needed.

Shelter is a prerequisite for meeting the needs of young parents and their children. Only after housing is stable, and services are comprehensive and close by, will long term life planning become a possibility and independent living even a remote goal. Without such a personal agenda long term homelessness and/or welfare dependency are almost assured

These young women, and the young men who are more frequently taking shared or single responsibility for children, who straddle the well publicized social issues of adolescent pregnancy and homelessness, must not be allowed to fall through the cracks of public awareness and political action. Their needs are both overwhelming and multifaceted. No existing system can meet them all, whether it be child welfare, runaway emergency placements, adult shelters for the homeless, young parent support programs or job training. All are needed. Many services - for example through the Infant Mortality Reduction Initiative (IMRI) community networks - are already available in Chicago and could be coordinated with emergency housing. The next step must be the acknowledgement by policy makers, government agencies and service providers that this population has special needs requiring earmarked resources to provide housing, review legal issues and design coordinated service systems adapted to the needs of homeless young parents, though not necessarily in isolation from services for those with overlapping needs:

other pregnant teens, other homeless youth, adult homeless pregnant women and parents of young children, the homeless mentally ill.

II. DIMENSIONS OF NEED

A. The Feminization of Homelessness:

Homelessness in the United States is increasing. More citizens were homeless in the winter of 1985-6 than at any time since the Great Depression. Half a million units of low income housing disappear each year through building conversions, arson, abandonment and demolition. Government subsidized low income housing construction has been virtually eliminated. Rents rise for those units which remain: nationally those with incomes of less than $3000 per year pay more than 72% of their incomes for rent.

In Chicago, low income Blacks pay an average of 79% on housing costs. Poor Whites and Hispanics are not far behind, paying 74% and 69% of their incomes respectively for housing. 42,900 black homeowners and 96,800 black renters live in structually deficient housing. City-wide .57% of all units are boarded up and abandoned: in the community areas at highest risk for infant mortality that percentage ranges from .94% to 2.1%.[4]

Women and children form an increasing proportion of the homeless. The low income housing crisis hits them particularly hard since 70% of families headed by women now live below the poverty level; many of them have experienced teenage pregnancies.

For some the unequal impact of divorce on the incomes of women and men has precipitated a rapid slide from moderate or even upper income lifestyles to homelessness for mothers and children. For those women who can find employment, continuing wage differentials between the sexes put single income families headed by women of any age at risk of poverty. For women on AFDC, the last 15 years have brought a sharp decline in real income: from 1970 to 1980 nationally the real value of AFDC plus foodstamps plunged by 16%. In 1984 payments were 22% less than in 1972. In Illinois an annual advocacy battle results in a grant level which hovers around 52% of the state standard of need.

These economic facts of life for single parents have a particularly strong impact on pregnant teens and teen mothers. High rates of dropping out of school leave them poorly prepared even for low paying work: employment programs under the Job Training Partnership Act offer quick fixes into entry level positions where they exist. Most of all, the youth unemployment rate in communities, and the low wages where there are jobs, provide no incentive to avoid the drift into unstable housing and thus into homelessness.

The effect of poverty on the mother of a teenager may condition her response to the news of her daughter's pregnancy. In some cases she will have been a teen mother, and have struggled, however unsuccessfully, with the realities of that life in raising her family. The

prospect of pregnancy in the next generation, another mouth to feed, and the further postponement if any independent adult life for herself may result in the eviction, at least temporarily, of her child.

In Chicago these trends have resulted in a change in the composition of the homeless, as well as in numbers. The inadequacy of beds currently available for women and children is borne out by figures from the Department of Human Services. Single women with children are the primary group turned away from shelters, an average of 194 families each month from January to June 1986, not including battered women and children who were separately counted. The corresponding figure for intact families turned away was 56.

The number of individuals in these families may be large: the Interfaith Council for the Homeless in a survey of 6 transitional shelters found that 5846 individual family members were turned away from these shelters alone between April and August 1986. St. Martin de Porres House of Hope, which serves women with or without children, received 721 to 1051 requests for shelter in each of the first eight months of 1986.

Not only is the proportion of women increasing among those whose basic human need for shelter not being met: there are increasing indicators that homelessness is becoming institutionalized in families headed by women, because children who became homeless early in life or as teenagers may tend to remain homeless. Research is needed to explore the probability of a consistent link between youth and future adult homelessness. Many adult homeless women were teen parents: a New York City study found that 36% of mothers in homeless families had had their first child at an age under 18.[5] Interviews with Chicago shelter providers suggest that many homeless adult women first became homeless as teenagers and beat out the link with early pregnancies: at St. Martin de Porres House of Hope (where the average age of residents is 19½) the average age of adults is 24 and of the first children 9.

These women and their children have entered into a cycle which is hard to break and still harder if interventions are delayed. Chicago youth service providers describe homeless parenting teens as those who have exhausted all friend and relative support. Young people who pass their childhood in unstable housing situations are unlikely to generate much personal support in any material sense. An increasing number may never have safe supportive environment or models for stable living, postponement of child-bearing or adequate parenting. Homelessness may be the effect of teen pregnancy: within a short generation of deprivation it may also be its cause.

These trends do not only depict the personal losses of a discrete social minority: the homeless. They have obvious social implications. Lack of preventive health care for pregnant teens with attendant mortality and morbidity increases the public cost of medical care through the welfare system. The fact that an estimated 83% of homeless youth drop out of school before 8th grade and 95% before high school is completed represents another social cost. This includes pregnant and parenting teens who could be encouraged to stay in school if resources were provided.

The effect of unstable living conditions on the potential for infant mortality has already been mentioned. Other childhood problems may also be directly derived from homelessness and from the conditions which precipitate it. Clinical interviews with 78 children living in 8 Boston shelters for women and children found the majority to be suffering from serious emotional problems. 11.5% manifested acute symptoms requiring immediate psychological attention. Older children had difficulties in school and showed severe depression and anxiety. Preschoolers exhibited serious developmental lags.[6] These responses are likely to increase the chances of long term, multi-generational homelessness.

B. Subgroups of homeless pregnant youth and young parents

Diverse routes to homelessness must be taken into account in identifying needs and making plans to address them. Different cultural and economic backgrounds, experiences and available support systems can be found. Identifiable sub-groups which should be taken into account include

- Teen runaways and "throwaways" who became pregnant while living on the street, forced to depend on sex to meet survival needs. Past studies indicate that 75-99% of all youth absent from home for more than 2 weeks and lacking friends or family resources will become prostitutes. Such women often become trapped in abusive situations and fear punishment by their pimps or boyfriends for trying to leave. The likelihood of past sexual or physical abuse by a family member, which is high for runaways and throwaways, may be a link to their vulnerability to exploiters on the street and to the likelihood of pregnancy.

  Some of these young women may already be wards of state and may try to re-involve themselves with DCFS upon discovering their pregnancies. There is, however, a perception that homeless wards run the risk of losing their babies to the State as neglect cases, which may deter them from seeking help. There are also very few placements for older teens, especially those with babies.

  For these reasons little is known about the fate of pregnant street youth. Providers of traditional youth services seldom see them in existing programs, but many acknowledge their existence and believe that street outreach is the only vehicle to connect them and their babies with options for survival outside prostitution. For the majority, family reunification is not a realistic goal. Instead these street youth need forms of transitional shelter which will remove them from vulnerability of the streets and prepare them for independent living.

- Teens who have been living in a relatively stable family environment, often with both parents present. The discovery of the pregnancy creates a family crisis leading to eviction of the teenager or serious physical or psychological abuse which results in her leaving home at least for a time. This can occur within those cultures where an unmarried pregnant daughter may be considered a family disgrace and ousted from home to avoid a negative in-

fluence upon younger female family members. An informal survey of Caucus member agencies in 1985 found estimates ranging from 20% (Lawndale) to 50% (Evanston) of pregnant minor clients who needed shelter at some point during pregnancy to avoid physical or psychological violence. The higher figure was from an agency dealing primarily with white teens from intact families who were choosing to have their babies adopted.

For some young Hispanic women homelessness may also arise because the fathers of the children have been unable to find employment and have returned home, leaving the woman without resources. No extended family may exist in Chicago, though a community support system may be found.

Reintegration into immediate or extended family may be a goal for these teens, yet the process of rebuilding viable family ties takes distance, skill, and time. A teen who has been evicted needs temporary shelter foremost as a place for "cooling off" before she is physically and emotionally able to rejoin her family. Temporary shelter provides a place where her, and her baby's, medical needs can be addressed. Crisis workers can then assess her options for long term housing and work to either reunify her with her family or link her into an appropriate transitional or independent living program.

- Teens who come from families rendered dysfunctional by poverty and deprivation where the physical home has never been stable and where the announcement of pregnancy or the addition of a new family member may be the last straw. Residents of Cabrini Green in the process of developing an emergency shelter for their teens identified three "crisis points" for families where teen pregnancy occurs: 1) upon discovery of the pregnancy, 2) when the baby is born, 3) when the baby is approaching two and difficult to handle.[7] A daughter's teen pregnancy can be particularly traumatic for a mother who herself gave birth as a teen. The pressures of her youth are experienced all over again, causing her to panic, become depressed, perhaps to the point of suicide. Girls and their babies then are forced or by default choose to live from family member to family member. They become part of what has become known as the "hidden homeless", not in contact with any system of public or private intervention, but at the highest risk for infant mortality and morbidity. They may never be identified, except through door-to-door outreach.

C. Current Beds and Programs in Chicago

The Report of the Governor's Task Force drew attention to the lack of services for homeless pregnant and parenting teens for both younger and older youth. An inventory of the services available in Chicago bears this out. The once familiar "homes for unwed mother" have been phased out in an era when over 90% of teens who continue their pregnancies to term keep their babies. Booth Hospital closed in 1984: in the final years ot its existence it was out of step

with the needs of a population who required intensive follow-up after birth and assistance in planning and preparing for future family support systems. The Salvation Army plans to reopen a shelter for this group, offering a continuum of care, in 1987. At the present time only one group home with ten beds exists specifically for pregnant teens under the age of 18 awaiting delivery of their babies. A second, with 20 beds, takes over 18s only. Neither continue to shelter new mothers and babies after birth.

There are no emergency shelters which offer housing and programming designed for this population, though eight shelters for homeless adults, representing approximately 285 beds, will under special conditions take minor pregnant and parenting teens without legal sanction from DCFS. Two of these programs do make a priority of offering comprehensive programming to women and children of all ages, including teens. One transitional shelter is developing a specific component designed for pregnant teens and young mothers, in addition to its full-to-capacity services to other women and children. Of the 285 beds in shelters which might ever take the under 18s it should be noted that in over half of them they would compete for scarce beds with homeless women, of all ages.

Thirty-one additional beds are set aside in Chicago as emergency shelter for runaway youth under the Minors in Need of Authoritative Intervention (MRAI) provisions. These are referred through the police, an unlikely route for many of the young women who are pregnant or parents. DCFS has 4 housing programs for pregnant and parenting wards of state. There are no youth shelters for the 18 to 21 population though two drop-in-centers for homeless youth have recently been opened. One serving under 18s and one 18 to 21s, as demonstration projects offering services leading to independent living.

Essentially a pregnant teen or a young parent who is under 18 is dependent on the readiness of a provider to take her in and take on the special risk that she and her infant are perceived to represent. In the shelters which will take her she shares with the 18 to 21s a problem of competition for scarce beds which may still render her homeless. In neither case is there any assurance that she and her baby will receive the services and referrals which they need.

An older teen parent, as a legal adult, is barred from current systems which provide for runaway, abused or neglected minors. She is, however, often still and adolescent emotionally, resented by older women in overnight adult shelters who are called upon to assist her in parenting. Lacking in experience needed for independent living she easily falls victim to manipulators on the

street. The older teen parent requires a consistent, nurturing environment which is able to foster her transition into adulthood and establishment of her own household. This is not currently available for homeless young women in Chicago.

In some parts of the city community resources and services are being mobilized through the Infant Mortality Reduction Initiative into a comprehensive network. The most finely-tuned case management system cannot compensate, however, for the absence of stable housing. It is to be expected that improved case identification will increase pressure on emergency and transitional housing for pregnant women and young families headed by women.

D. Shelter Is More Than A Bed

For all homeless teenagers "shelter" must be seen as a continuum of housing options meeting developing needs and responsibilities, from emergency to transitional to independent living. Support services must be provided which will foster a teenager's ability to cope independently with his or her environment.

This is equally true for the special need population of homeless pregnant and parenting teens, who require all this and more. There are barriers to full participation in existing opportunites for school completion and job training which must be lowered. The pace of development towards independence may be slower, and more resources will be required.

Comprehensive services must be available on site or through intensive individualized case management. Completion of school or employment readiness training should be required, and day care provided to make this possible. Self esteem enhancement, life planning and decision making skills will often be needed to help motivate a young teen parent to have independence as a goal, and to lessen dependence on institutions.

Plans for the young family should include a realistc evaluation of long term economic need. It is likely that the teen parent will need to earn an appropriate income to maintain a family as a single head of household for 18-20 years. One advocacy group has recently determined that in 1986 dollars a single head of household needs to make $6 an hour to make it worth while not to be on AFDC. Another has suggested that $15,000 a year with full benefits should be the target income, with a career ladder which at least keeps pace with inflation. In counseling a teen parent on career planning and in choice of job training or self-employment options this goal should be taken into account.

Finally, the shelter system should also provide services which ensure that the developmental needs of the children are met. This includes parenting skills training for parents, and well-child care and early childhood education opportunities.

Steps along the housing continuum should be based on evidence of the parent's ability and motivation to take increased responsibility for the care of the family.

III. A CITY-WIDE SERVICE SYSTEM

Three core principles are vital to a city-wide plan for shelter care for pregnant teenagers and young parents

a) Residential/programmatic tracks should be offered which reflect not only special needs but also progression through degrees of independence. A pregnant sixteen year old who needs an emergency bed, for example, must be seen as entering into a system which will provide housing components organized to help her emerge as an employed twenty year old mother four years later, ready for independent life.

b) Residences must be closely linked to comprehensive community-based services for the young family which provide continuity through residence changes, and ties to the neighborhood. Chart A illustrates comprehensive service needs for pregnant youth and young families.

c) An intensive case-management system must be available through the progression to independent living. A case-management team will be necessary during the intake and screening process. This team should be responsible for continuing services in parts of the city where case-management is not already being developed (e.g. areas which have no Infant Mortality Reduction Initiative Community Networks). Case management is too expensive and too vital to be handled at the shelter or single agency level in most cases.

Thus a continuum of shelter components should be developed including outreach intake/emergency facilities, stable group homes and transitional shelters in communities, supervised independent living, and assistance with referrals to affordable housing units. (see chart B)

Within each component there should ideally be sufficient beds for each of the following categories of homeless youth:

- Minors who are not wards who are pregnant
- Minors who are not wards who are accompanied by children
- Minors who are wards who are pregnant
- Minors who are wards who are accompanied by children
- Young women 18-21 who are pregnant
- Young women 18-21 who are accompanied by children
- Young fathers accompanied by children
- Young 2 parent families with children
- Spanish speaking pregnant teenagers, teen parents and their children
- Developmentally delayed or mentally ill pregnant teenagers, teen parents and their children

The individual shelters, group, family or shared homes within these components, while offering alternative settings, should share the common goal of establishing an environment which, while offering some stability, does not create institutional or personal dependence, but enhances each young family's ability to live independently, and removes the barriers which early childbirth too often brings or is associated with (school drop-out, lack of employment skills, poor parenting skills, lack of self confidence, etc.)

Such a plan would provide a basic road map to inform the decision-making of public funders at state and city levels and in various departments, as well as private foundations. The system described is obviously a highly intensive and costly one, but it could be gradually put into place, and would help groups setting up shelters to target a need in their community or area of the city, make the linkages and build up the components piece by piece.

Components of a City-Wide System

A. Clearing-House/Emergency Shelter

This component is the point of entry into the shelter service system for homeless pregnant and parenting teens. It consists of a centralized information clearing-house and referral system, and regional intake/case management entities on the West, South and North sides of the city. These may themselves be emergency shelters, or provide referrals to appropriate emergency housing or both. Staff have experience and training in working with homeless youth and sensitivity to the need to establish trust, as well as provide services. Essential functions would include:

1. Outreach and information to drop-in centers and shelters, youth ministries health and social service providers, including the Infant Mortality Reduction Initiative Community Network outreach workers, community organizations, schools and churches, tenant councils in public housing, such hotlines as Parents Too Soon, Metro-Help, EZRA, and HERS (Health Evaluation Referral Service).
2. Collection of updated information on housing and support services for pregnant and parenting teens in each service area, working with Infant Mortality Reduction Initiative Community Networks where they exist.
3. Provision of, or referral to, appropriate temporary emergency shelter, which can be in the form of group homes and/or emergency foster care with 24 hour access and able to keep the youth for 21 days or the appropriate period for this population in the MRAI process.
4. Provision of intensive intake screening and case management services for the period within which the youth would remain in emergency housing including:
   a) Parental notification and attempts at family reunification
   b) Crisis intervention counseling and assistance in decision-making for pregnant teens
   c) Referral to DCFS caseworker if teen appears to be a victim of abuse or neglect, for consideration of specialized foster placement and wardship
   d) Medical screening and referral for care including where indicated:
      - o prenatal and post-natal examinations
      - o contraceptive, STD and AIDS counseling and services
      - o pediatric screening
      - o psychiatric evaluation
   e) Preliminary determination of service needs (including education and/or employability skills and job training, legal assistance, child support)

f) development of long and short range plans for housing and comprehensive services
g) referral to appropriate transitional housing and linked services
h) maintenance of consultative case management relationship with service network, providing referrals along continuum of services as needed. If local service network cannot provide intensive case management services, these will be fully maintained by the clearing-house team.
i) monitoring of functioning of overall system, reporting to appropriate public agency on inadequate capacity, poor linkages, service gaps etc.

B. Transitional Housing

A variety of types of transitional housing will be available for referral from the clearing house. Some of these are in place, or are being planned in communities across the city. They vary with perceptions of community need, and this variation may be an overall strength as part of a city-wide system. In some cases existing shelters for mothers and babies may take on a teen component if specific programs for this group are available.

Transitional shelters (generally group homes) which serve young people should have as a minimum requirement for recognition as part of a city-wide plan:

- awareness of the needs of homeless pregnant and parenting teens and the goal of independent living where possible
- a minimum of a 1-2 year stay to allow residents the stability to develop independent living skills
- 24 hour staffing
- strong linkages with comprehensive service systems (see attached chart) and ability to provide intensive case management or willingness to cooperate with case management provided by a local comprehensive service system or by the clearing house/entry point. This case management system should include family or foster homes.

Some of these transitional shelters will take minors only: others will take both under and over 18s, and over 21s who need similar services. Some will be almost entirely community-based and will be able to have as a goal the reintegration of a homeless young parent into her own or a neighboring community. Others will serve a regional or city-wide special needs population, e.g. Spanish speaking teens, developmentally disabled or mentally ill teens, or those whose children require special developmental services.

All transitional living programs should be encouraged to see the shelter and coordinated services as a critical environment which can in its basic organization do much to encourage personal maturing, enhanced self esteem and the knowledge and skills which will be needed in adult life. A group home with a stable population can involve residents in the everyday chores of life. They can learn skills while doing maintenance tasks, cooking, bookkeeping, or providing child care for each other in a structured way. Carefully chosen job training or self-employment programs can then build on these skills.[8]

Young mothers who need exposure to well-paying jobs may be brought into contact with non-traditional careers through involvement of groups like Chicago Women in Trades or the Sunbow Foundation or maintenance and contracting firms run by women. They may provide residents with motivation to help maintain the transitional shelter and perhaps explore alternative careers.

There are two basic models of linking the residence to its community, integrating the young parents into what may become their permanent social environment, and helping community members see the whole program as an asset. Any combination of the two could be used, but diagram A below shows a model for a transitional home in a community which already has comprehensive community-based services for young parents which can be fully utilized. Here the building is primarily a residence: young parents go out into the community.

Diagram A

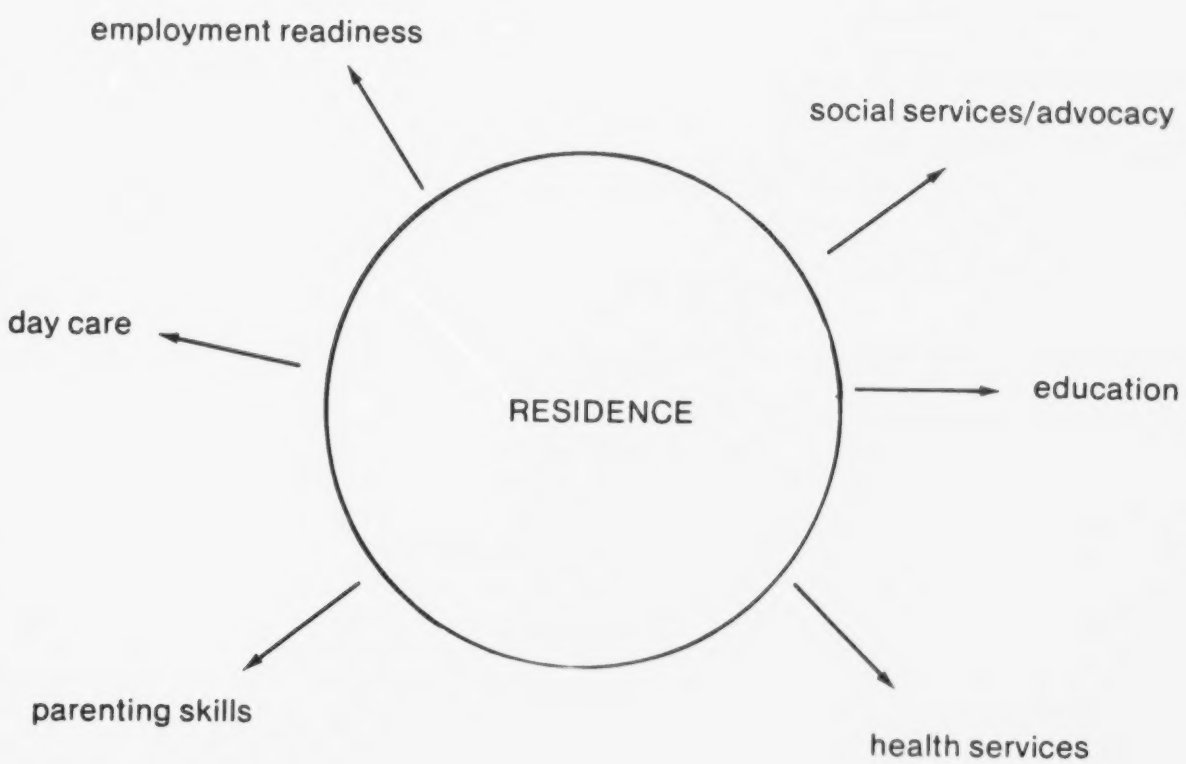
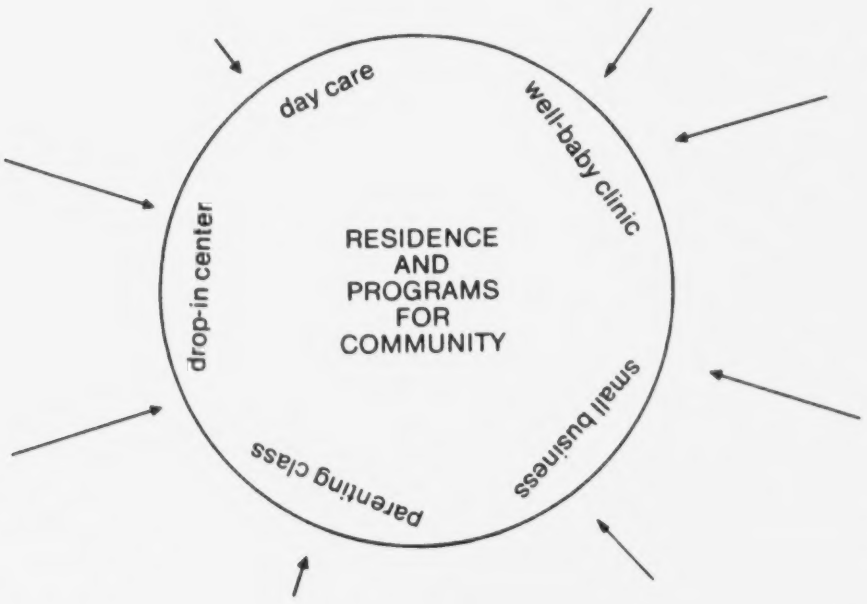


Diagram B is more suitable for a community which is less-well served, and where the building might be selected as a multi-purpose structure.

Diagram B



The program illustrated in diagram B might include not only residents within the building but also some in closely linked family homes nearby. It might be within a Chicago Housing Authority project, or in several linked apartments in a large low to moderate income apartment building. The formerly homeless residents for whom the program was initially developed could share services with other underserved young parents in the project/building or in the neighborhood. These could include day care, parenting classes, a drop-in center or even a weekly well-baby clinic. Slightly older mothers in the community might use, or even help run these services, forming mentor relationships on a formal or informal basis.

If the building had store fronts, small business development would be possible. This would provide a needed service in the community as well as training in small business skills. Catering services or laundromats are possibilities, or any ventures which might motivate and help residents to develop their own individual or group enterprises, or enter related job training programs with career ladders.

Wherever a program design falls on the continuum illustrated by the two models, both mentor involvement and peer support are important. Shared tasks - like child care - can encourage this. Cooperative living arrangements for future independent living can also be positive as well as economical.

C. Supervised Independent Living

This stage is appropriate for youth who have successfully passed through the transitional phase, or older teens who do not need a highly structured group living experience. Teen parents will typically share individual apartments or board with families, taking responsibility for budgeting, food preparation and child care. "Supervision" will be exercised through the case management system used in phases I or II, and participation in health care, counseling, day care, employment readiness and other programs will continue as before. The same case manager as in earlier stages will visit periodically and if a formal mentor program has been in place it will continue.

Where possible the transitional shelter will be the setting for some continuing activities, including social evening, holiday meals and support groups and other programs described above for transitional housing. Steps in achieving goals will be rewarded.

D. Independent Living In Permanent Housing

Assistance will be given by the clearing house in finding permanent affordable housing for individual family units or two or three in shared space. Help will also be given in locating day care and other community services for young parents, and in ensuring that they are aware of sources of legal assistance and advocacy. Advice on tenant/landlord issues will be given as well as help with budgeting and maintaining apartments in good order.

IV. BARRIERS and RECOMMENDATIONS

The broad issues affecting homelessness among women and children in general, and this population in particular, have already been mentioned. Obviously changes in housing, welfare and employment policies and priorities are needed before long term solutions can be found. However, there are specific barriers which should be lowered to improve the short term provision of shelter/housing for pregnant teens and young parents.

A. The Legal Status of Youth in Illinois

In Illinois legislation to protect minors has been strengthened in last few years, often after sensational press disclosures of increases in reported child abuse, abductions of minors, sexual abuse in day care centers and various scandals in residential homes for wards. The state is justifiably concerned about apparent areas of laxity in legislation or administration which seem to put children at risk.

Ironically, however, the haste to strengthen protective legislation and law enforcement procedures has left one area where children may still be at great risk - the provision of services to homeless minors who are not wards. The impact of such "reforms"

on this group must be explored and safeguards developed to see that protection from abuse in shelters or foster homes, or by youth or social service providers, is not ensured at the price of protection from the elements or the predators of the streets.

In a period of rising youth homelessness the provision of emergency shelter by legitimate community-based groups, including churches and shelters is discouraged. There are legal restrictions, which need to be reviewed for their impact on this particular population, as well as perceptions of legal barriers on the part of potential providers which may or may not be accurate and need to be informed.

The Minors Requiry Authoritative Intervention process is an example. While it represented an important step towards community as opposed to judicial, interventions for many homeless youth, it does not work smoothly. It has a number of aspects which may not be effective for pregnant teens and young parents from backgrounds of economic deprivation, who may be driven by need to surface from the "hidden homeless" and seek shelter and help. Entry to the system through the police may discourage their involvement, as with other teens. The twenty-one day period for temporary shelter while family unification is attempted may be too short a period. Their need for services and for stable transitional housing situation appropriate to those needs may be too great to be established in 21 days. Parental consent may be very hard to establish especially if the parent may perceive that the result of handing over temporary custody may be a cut in the family's AFDC grant. The parents may be homeless themselves, or part of a shifting population. The shelter provider needs to know whether documented but unanswered requests for parental consent constitute a legal basis for continuing to render services.

The requirements for the MRAI process and confusion about legal status make it hard for a church or a community shelter to move in to fill the chasm in services to homeless youth. Although such institutions need not have a child welfare license if they do not receive funding from DCFS, it is unrealistic in the inner city to expect volunteers or financially pressed agencies to provide free foster or residential care.

Confusion about liability also reigns, and needs to be examined. Can a church which keeps a minor for more than 24 hours and then documents three attempts to notify parents with no response reasonably expect to escape misdemeanor charges or suits by parents claiming damages to children who are "throwaways"? Could the 24 hour period in the Illinois misdemeanor law be reasonably returned to the 48 hour period in the National Runaway Act?

These issues must be cleared up if advantage is to be taken of groups which could legitimately provide services, given certain safeguards against abuse. The passage of HB 3477, which expands

the role of DCFS in providing services to non-wards and 18-21 year old youth, including preparation for independent living, is a step in the right direction. It mandates 1500 Boards across the state to develop plans for homeless youth specifically mentioning the category of pregnant and parenting teens. Yet the funding of 5 demonstration projects, not one of which targets that population, is only a small step towards providing shelter care to meet the need. Emergency shelter and foster care regulations should be developed to provide more emergency facilities. The legal constraints on community shelter must be carefully reviewed and clarified so that a stronger legal basis exists to which resources may be applied. An Illinois Good Samaritan Law which would allow an individual to assist a minor in an emergency should be considered, along with safeguards against abuse. Models from other states need to be reviewed. New Jersey, for example, after urgent advocacy from Mother Theresa of Calcutta, instituted legislation allowing individuals to shelter pregnant teens in unlicensed facilities.

Essentially the city of Chicago, and similar cities where homeless youth congregate, needs clarification on what legal responsibilities exist, which are not being met, and what actions at the city level can be legally taken to ensure that all needed services are available to pregnant teens and young parents, as well as other youth.

Recommendations

1. That the Mayor's Task Force on the Homeless ask that a Blue Ribbon Panel be appointed by the Mayor, including Juvenile Justice experts and representatives from DCFS, Parents Too Soon, the Mayor's Task Force on the homeless, D.H.S., the Youth Committee of the Coalition for the Homeless and the Illinois Caucus on Teenage Pregnancy to review and clarify legal questions affecting the provision of adequate shelter care to pregnant and parenting teens, and initiate new legislation where necessary, building in safeguards against abuse. Examples of legislation to be reviewed which would have effect on legal issues would include:
   * an Illinois Good Samaritan Law or a law similar to that passed in New Jersey for shelter of pregnant teens in unlicensed facilities, with safeguards against abuse.
   * return to the National Runaway Act standard of 48 hours wihtout police or parental notification before a misdemeanor occurs.
   * extension of the current 21 day emergency shelter system under MRAI to 30 days or more for pregnant and parenting teens

   The Panel would also consider where ultimate legal responsibility for the support of homeless minors who are not wards lies, exploring such changes as

* amendment of Public Aid regulations to allow 16-18 year olds not living at home to receive General Assistance, or other strategies to clarify the legal responsibility for the support of minors not living at home between DCFS and IDPA. The recommendation of the White House that welfare benefits be denied to unmarried teen mothers unless they live at home with their parents should be actively opposed.

In the light of legal clarifications the Panel would recommend changes to city Departments in policies and procedures which might otherwise create barriers to the implementation of the city-wide plan.

B. Regulations Affecting Availability of and Access to Services

Regulations at the state and city levels have an effect on availability of services to all minors. Lack of clarity on the legal liability of agencies providing services to minors inhibits potential providers, and unnecessarily rigid physical standards for emergency shelter and foster care eliminate some settings which would be adequate for short term care. Increasing mandatory intake points to DCFS funded emergency shelters should broaden outreach, thus broadening intake points to DCFS funded emergency facilities which exists and providing entry points which do not involve police authorities.

The special needs of pregnant teens and young parents, whether minors or 18-21, require a second series of regulatory amendments to increase the number of foster homes where mothers and babies can stay together, to make respite care available, and to enable them to stay in transitional shelters for more than 120 days, at the request of a case manager. This flexibility will be needed to fit the intensive case management approach. Changes in licensure to make supervised independent living more easily available will also be required for the city-wide plan to be implemented. More legal clarity should make it possible for the Department of Human Services to issue standards for care or guidelines for referral from inappropriate shelters.

Recommendations

2. That DCFS issue specific regulations clarifying the issue of parental notification: at what point a provider can offer emergency assistance to a minor without legal jeopardy when documented attempts to reach parents receive no response.

3. That DCFS immediately amend regulations for emergency youth shelters and temporary foster homes, waiving the more restrictive requirements in the interest of increasing beds as recommended in the Report of the Governor's Task Force on Youth Homelessness and the Position Paper of the Homeless Youth Committee of the Chicago Coalition for the Homeless.[9]

4. That the points of intake of DCFS funded emergency shelters for runaway youth be extended from the police to include youth service providers and youth drop-in centers.

5. That the grant system for the child of homeless youth in foster care be changed to encourage foster parents to keep young mothers and babies together. This would require that the baby not be counted as filling a licensure slot, that the AFDC allowance for the baby be raised to the amount which would be allocated for a baby placed separately under DCFS, or that specially trained foster parents be paid an additional sum for providing parenting education.

6. That voluntary placements be explored as an option for young parents unable for a time to take on parental responsibilities. Short term placements as a form of respite care as used in Canada and other systems should be seen as a form of child abuse prevention for teen mothers.

7. That zoning requirements in the city be amended to allow congregate living by groups of 3 or more unrelated parents over the age of 18 with children who are enrolled in a supervised independent living program, without going through The Special Use permit process.

8. That the City of Chicago Department of Human Services issue standards for care for pregnant youth and young parents in city-funded shelters, and guidelines for referral from inappropriate settings.

C. Legislation

Experience in other states suggests that the availability of preventive services to assist families in crisis or dysfunctional families can reduce the numbers of youth care or homeless. Legislation to provide access to such services is needed in Illinois for those cases where family units can be maintained. A Family Preservation Act on these lines has been drafted for the 1987 state legislative session. Included in such legislation should be provision for respite care for the children of young parents including minors in crisis nurseries or emergency foster homes, to prevent child abuse and enable young families to make full use of crisis intervention services without losing custody prematurely.

Recommendations

That the public agencies and private organizations support the introduction and passage of such legislation, with reasonable appropriation.

D. Interagency Coordination

The provision of services to homeless youth and pregnant teens and young parents falls within the scope of responsibility of ten state agencies and myriad of private efforts. Despite the high risks associated with this group they frequently fall between the cracks of state agencies, and of state/city jurisdictions. This became very clear in the Fall of 1985 when, shortly after the Report of the Governors' Task Force indicating that resources were significantly lacking for pregnant and parenting teens in both the 0 - 17 and the 18 - 20 year old groups, the Illinois Department of Public Health (IDPH) and DCFS issued Requests for Proposals (RFPs). IDPH issued various RFPs as part of the State's Infant Mortality Reduction Initiative (IMRI). The Chicago Department of Health, as part of IMRI, issued its own RFPs for community networks, targeting communities at high risk for infant mortality for special resources for outreach, case identification and intensive case management. Emergency housing was built into the RFPs as a need which should be met, but IMRI funds have not been available for housing and little attention has been given to resource allocation to meet this need.

Almost simultaneously with the release of the Infant Mortality RFPs, the Illinois Department of Children and Family Services (DCFS) issued a Request for Applications for funding for independent living demonstration projects for homeless youth. This also failed to target homeless pregnant teens or teen parents as a special population. Thus access to day care and similar support services which would allow them to participate was not built in to most programs, despite the fact that the Report to the Governor's Task Force on Youth Homeless which provided the rationale for the funding allocation had clearly recognized the size of the population and its service needs.

A similar need for cooperation between DCFS and IDPH in ensuring that youth who have no source of support are always the responsibility of one or the other Department was mentioned above.

Legal clarification should assist the City of Chicago to determine what its role in assisting homeless minors can be. The passage of HB 3477, with its mandate to community 1500 Boards across the state to begin to develop programs and fiscal plans to move homeless youth and specifically pregnant teens and young parents towards independent living creates a new context and new agency relationships which should be coordinated with the plans of both the Department of Human Services and the Department of Health.

Recommendations

10. That the state and city agencies serving youth designate homeless pregnant and parenting youth as a special needs population, systematically evaluating the impact of new

policy initiatives and resource allocations for homeless youth or pregnant teens and young parents upon the group, and giving consideration to the earmarking of resources to their special needs.

11. That DCFS integrate services to pregnant and parenting wards with community-based services to non-wards.

12. That the Mayor's Task Force on the Homeless adopt a city-wide plan to meet the needs of this population, coordinating the planning of Department of Health, the IMRI community networks and the local 1500 Boards, using the model outlined in this report as a starting point.

E. Resources

Resources for a city-wide plan in Chicago as in other areas of the state will have to be pieced together with a mix of federal state and local funding, public and private. For youth over 16 the Governor's Task Force on Homeless Youth recommended that the model programs of comprehensive services, including independent living skills training, be funded in FY 1986 and '87 for statewide implementation beginning in FY '88. 5 programs were funded, all in Northeastern Illinois. Those programs have already been threatened with extinction once in the first nine months of actively, and no commitment has made to a reasonable appropriation for beginning statewide implementation. Although only one program for pregnant and parenting teens was included in the original model group, and none in Chicago, acknowledgement of the need in various parts of the state suggests that 5 such programs, at least one in Chicago, should be added in 1988.

This could provide basic funding for the clearing-house emergency shelter component suggested for Chicago, amplified by city shelter funds. The case management function should be funded out of IMRI city-wide money or by the state as a special project for Parents Too Soon.

The transitional shelters/group homes require a mix of funding, identified by the sponsoring agencies and facilitated by the Mayor's Task Force on the Homeless and the Mayor's Advisory Committee on Infant Mortality, which has a Resource Committee chaired by Alderman Bobby Rush, as well as input into the expenditure of IMRI monies in Chicago.

There should be no duplication of support services. Parents Too Soon funded programs, community Networks under I.M.R.I., Project Chance, JTPA and other city and privately funded programs must be used to support emergency transitional and independent living. IMRI funds should be made available for the intensive case management service and linkage development, where it does not already exist.

Every effort should also be made to find new long term sources of funding. Resources are becoming available for new initiatives in public housing, for example, and the possibility that funds might be available for shelters along with other programmatic developments should be ascertained.

Recommendations

13. that the state budget for FY 1988 include a $5.9 million dollar allocation to fund resources for homeless youth, of which $1 million be earmarked for programs for homeless pregnant youth and parents.

14. that the Mayor's Task Force on the Homeless review available sources of funding for shelter care for this as a special needs population, and make recommendations for resource development for specific components of the plan.

15. that the Mayor's Advisory Committee on Infant Mortality investigate the use of both IMRI funds and private resources to increase funding for this population, seeking city-wide IMRI funding for the case management portion of the Clearing House/Emergency Shelter in particular.

16. that private funders review the city-wide plan for this population in making funding decisions.

17. that city resources be used to split off a referral hotline from the current emergency services division of DHS, and install it within the clearing house/emergency shelter recommended in the plan.

18. that the state allocation process of the 50% federal reimbursement for emergency housing vouchers include shelters which take pregnant and parenting teens, and be increased to make full use of federal reimbursement.

19. that community-based housing agencies receiving funding for rehabilitation and development of a building for permanent low and moderate income housing be required, if community need exists, to set aside a number of apartments as housing for special needs populations.

20. that Chicago Housing Authority make space available in appropriate public housing units for transitional living units for special needs populations.

F. Public Education

There is a need for greater appreciation of the size of the population of homeless pregnant and parenting teens and of the risk, particularly to their children. Every attempt should be made to do public education on the issue, particularly stressing the

legal realities as they are clarified. Providers of services to the homeless, to pregnant youth and young parents need to be informed as do community groups. Confusion surrounds such issues as exactly what constitutes a Class A misdemeanor in sheltering a youth, or whether it is "legal" to rent an apartment to a minor.

Recommendation

21. That the City of Chicago provide or stimulate funding for a pamphlet which explains the legal issues related to shelter care for minors and that advocacy groups for homeless youth and for teen parents use it to provide public education.

G. Research Issues

Policy and program recommendations will become more specific when they are rooted in more detailed information about the population of homeless pregnant youth and young parents with children.

Recommendation

22. That the Mayor's Task Force sponsor research studies based on the following questions, using surveys of a variety of providers of care for both the homeless and the broader population of pregnant teens and young parents, interviews withhomeless adolescents, and interviews with homeless women in their twenties and thirties. The dimensions of the problem should be extrapolated from identified cases, recognizing that only a portion of the population seek care, and that the risks experienced by the "hidden homeless" may be higher than those who are readily identifiable
    - o How many homeless pregnant youth and young parents with children are there in Chicago, and where are they to be found?
    - o Why are members of this groups homeless, what are their characteristics, histories, potential resources and support systems and what interventions are suggested by the data gathered?
    - o to what extent can adolescent homelessness associated with pregnancy be documented as a frequent first stage in a pattern of repeated homelessness for resourceless women and their families?

REFERENCES

1. Report of the Governor's Task Force on Homeless Youth, Springfield, September 1985, p. 6

2. Ibid. p. 5

3. Figures from New York Coalition for the Homeless, May 1985.

4. Orefield, Gary and Fossett, James W.: Market Failure and Federal Policy: Low Income Housing in Chicago 1970-83, Chicago, Leadership Council for Metropolitan Open Communities, September 1986.

5. Quoted in Main, Thomas J., "The Homeless Families of New York" The Public Interest 85, Fall 1986, p.7

6. Bassuk, Ellen M.D.: "Feminization of Homelessness", Boston, address to Shelter Inc., June 1985.

7. Cabrini-Green Crisis House Needs Assessment Survey, p. 7

8. For further treatment of these issues see A Manual on Transitional Housing, and A Development Primer: Starting Housing or Business Ventures By and For Women, Women's Institute for Housing and Economic Development Inc., 179 South St., Boston, MA 02111; and for a full bibliography and Chicago resources see Women and Safe Shelter: Creating and Recreating Community, Women United for a Better Chicago, Box 578141, Chicago 60657, April 1986.

CHART A

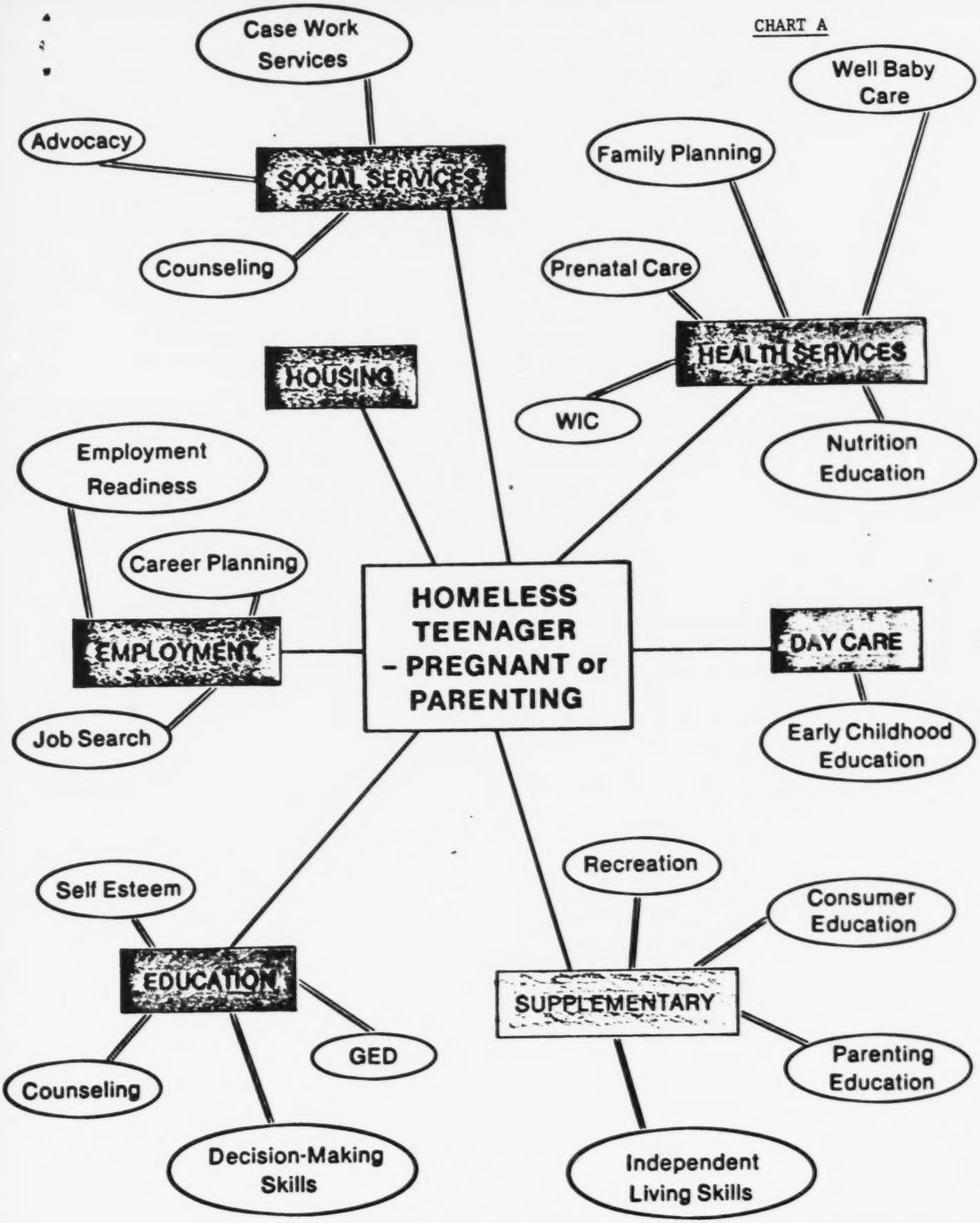
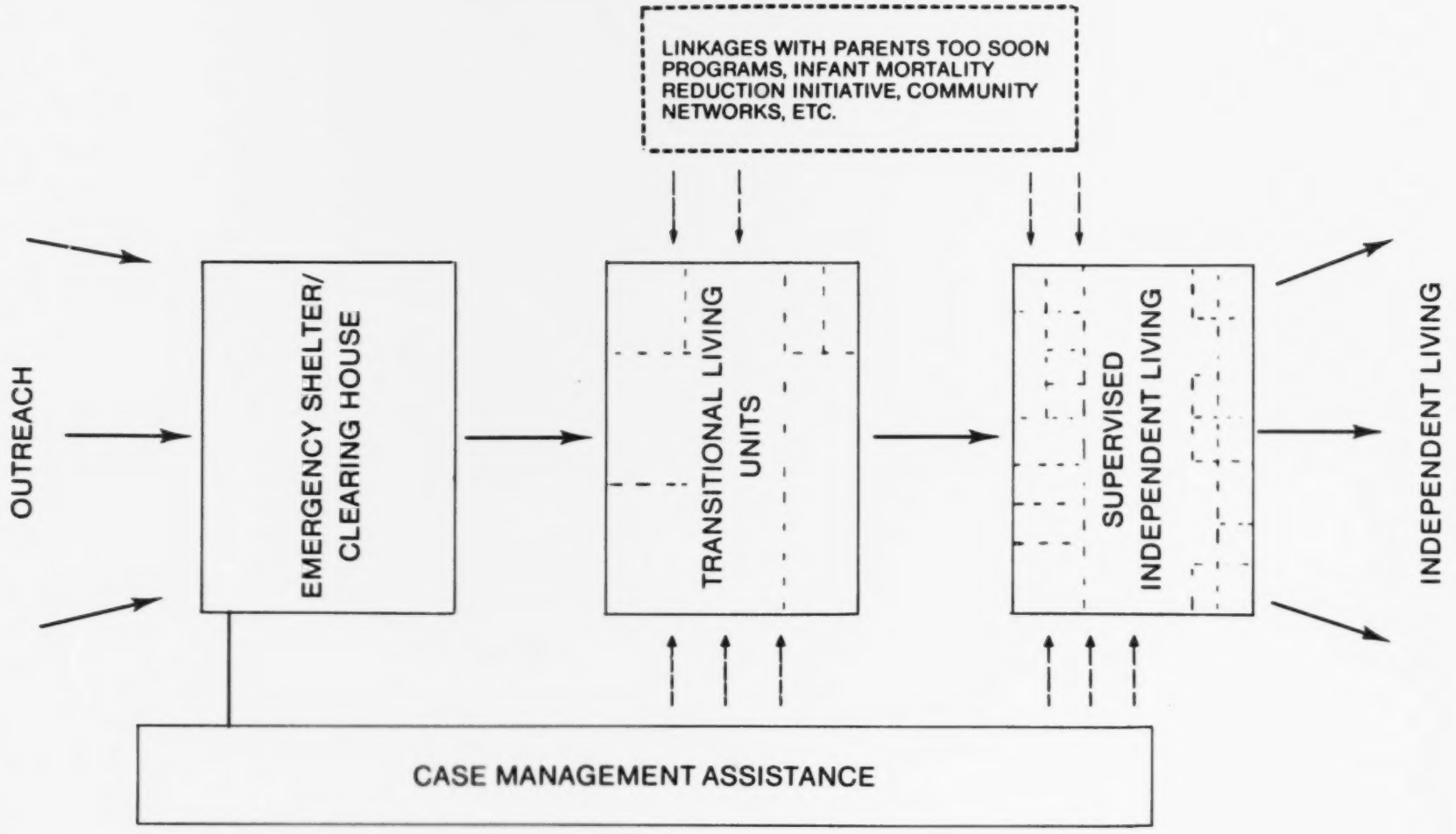

Case Work Services
Advocacy
SOCIAL SERVICES
Counseling
Well Baby Care
Family Planning
Prenatal Care
HEALTH SERVICES
WIC
Nutrition Education
HOUSING
Employment Readiness
Career Planning
EMPLOYMENT
Job Search
HOMELESS TEENAGER - PREGNANT or PARENTING
DAY CARE
Early Childhood Education
Self Esteem
EDUCATION
Counseling
GED
Decision-Making Skills
Recreation
Consumer Education
SUPPLEMENTARY
Parenting Education
Independent Living Skills

CHART B

CONTINUUM OF CARE FOR HOMELESS, PREGNANT YOUTH AND YOUNG PARENTS


LINKAGES WITH PARENTS TOO SOON PROGRAMS, INFANT MORTALITY REDUCTION INITIATIVE, COMMUNITY NETWORKS, ETC.
OUTREACH
EMERGENCY SHELTER/ CLEARING HOUSE
TRANSITIONAL LIVING UNITS
SUPERVISED INDEPENDENT LIVING
INDEPENDENT LIVING
CASE MANAGEMENT ASSISTANCE